

AULON ARCH STOCK TRANSFER FORM

SHAREHOLDER INFORMATION (SELLER/TRANSFERER)

Shareholder name as it currently appears:		
Number of shares sol	d/transferred:	
Number of shares ren	naining after sale/transfer:	
Social security numbe	r:	
Email:	Phone:	
Mailing Address:		_
_		_
		-
	STOCK SALE / TRANSFER INFORMATION	
Date of Sale/Transfer: _	Price per Share: <u>\$</u>	
	Total Received for Shares Sold: §	
For value received, I hereby sell, assign and transfer the shares indicated to the person(s) or trust described on pp 2–6 of this form. By my signature below, I irrevocably constitute and direct the Company to transfer the said shares on the books of the corporation, with full power of substitution in the premises.		
Shareholder Signature	: Date:	
Shareholder Signature	: Date:	

TRANSFEREE INFORMATION AND SIGNATURE PAGE

REGISTRATION INFORMATION

Shares are to be registered as follows: Legal Name of Subscriber(s):	
TYPE OF OW	NERSHIP
☐ Individual	☐ Trust
☐ Joint: Tenants with Rights of Survivorship	☐ Limited Liability Company
☐ Joint: Community Property	☐ Corporation
☐ Joint: Tenants in Common	☐ Other:

INDIVIDUAL TRANSFEREE INFORMATION

☐ Mr. ☐ Mrs.	☐ Ms.		
 Full Name			
Permanent Address			Apt/Suite No.
City	State	ZIP Code	Country
Telephone		Email Address	
Date of Birth	SSN/Tax	epayer ID	Country of Citizenship
Country of Tax Resid		m citizenship)	
All subscriber(s) please p Non-resident aliens, also	, and the second	-	ocopy of the identification document.
Check which type of docu	ment you are providir	ıg:	
☐ U.S. driver's license		☐ Passport with	U.S. visa
☐ Passport without U.S. visa		☐ Foreign national identity document	
Bank name (required)		Account	number (required)
Bank address (required)		Phone r	number (required)
Bank address (line 2)			

ADDITIONAL INDIVIDUAL TRANSFEREE INFORMATION (IF APPLICABLE)

☐ Mr. ☐ Mrs.	☐ Ms.		
 Full Name			
Permanent Address			Apt/Suite No.
City	State	ZIP Code	Country
 Telephone		Email Address	
Date of Birth	SSN/Tax	spayer ID	Country of Citizenship
Country of Tax Resid		m citizenship)	
Government ID (foreign All subscriber(s) please p Non-resident aliens, also	rovide the information	-	ocopy of the identification document.
Check which type of docu	ment you are providir	ig:	
☐ U.S. driver's licens	e	☐ Passport with	U.S. visa
☐ Passport without U.S. visa		☐ Foreign national identity document	
Bank name (required)		Account	number (required)
Bank address (required)		Phone r	number (required)
Bank address (line 2)			

TRANSFER AMOUNT

Transferee(s) he	·	ving dollar amount of Shares:Dollars (\$,
Form of Payme		oly. Total must match amount al	,
☐ Wire Transfe	er Dollars (\$)	
☐ Check	Dollars (\$)	
Print or Type T	ransferee Name	Signature	Date
Print or Type T	ransferee Name	Signature	Date
I, the undersign	ed, certify and agree th	nat:	
Aulon Arch, In	c., a California corpora	tion, and agreed to be bound by	y the Subscription
the provisions r	regarding transfers of S	provisions of the Agreement in hares, and I agree to be bound pany, whether those rights may	thereby in lieu of any and
Print or Type N	Jame	Signature	Date

COMPANY WAIVER OF RIGHT OF FIRST REFUSAL

The Company has waived its right of first	refusal.
Name of Company	-
Officer Title	-
	_
Officer Signature	
Date	-